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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/660,188	09/11/2003	David E. Mayhew	6257-14502	5820	
	10/660,188 09/11/2003 David E. Mayhew	EXAMINER			
P.O. BOX 398			FOUD, HICHAM B		
AUSTIN, IX /	/8/6/-0398		ART UNIT PAPER NUMBER		
			2419		
			NOTIFICATION DATE	DELIVERY MODE	
			07/31/2009	ELECTRONIC	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Interview Summary	0/660,188 MAYHEW ET AL.		
interview Summary	Examiner	Art Unit	
	HICHAM B. FOUD	2419	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>HICHAM B. FOUD</u> .	(3) <u>PAUL SEEGERS</u> .		
(2) <u>MUNYON, DEAN</u> .	(4)		
Date of Interview: 28 July 2009.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: <u>NONE</u> .			
Agreement with respect to the claims f)⊠ was reached. g	ı)	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The applicant agreed on 2nd paragraph rejections to move the prosecution forward</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERLE A STATEMENT OF THE SUBSTANCE OF THE INTER Requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Hicham B Foud/			

Application No.

Applicant(s)